

**STATE BOARD OF PHARMACY**

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**REGISTRATION APPLICATION:
Automated Drug Delivery System
Notice: Installation or Removal in
Pharmacy, Medical Care, or IDR
Form N-100****INSTRUCTIONS**

All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff. This form is to be completed by a managing pharmacy, located and registered in Kansas, who will have an automated drug delivery system located in the registered pharmacy, institutional drug room, or medical care facility. See K.A.R. 68-9-2(a) for definition of an automated drug delivery system. Please submit this form prior to the initial stocking, use, or removal of an automated drug delivery system.

NOTE: For LTCF Automation see BA-21

Please indicate if this is a new notice of installation or removal of automated drug delivery system:

- ☐ New Notice of Installation Start Date: _____
☐ Notice of Removal of Automated Delivery System Removal Date: _____

FACILITY (Must be located and registered in Kansas)

Name		Kansas Registration Number	
Physical Address			
City	State	Zip	County
Phone	Fax		Email
PIC Name		PIC License Number	

DRUG SCHEDULES (Check all that apply for this automated drug delivery system)

- | | |
|---|--|
| <input type="checkbox"/> Schedule II narcotic | <input type="checkbox"/> Schedule III non-narcotic |
| <input type="checkbox"/> Schedule II non-narcotic | <input type="checkbox"/> Schedule IV |
| <input type="checkbox"/> Schedule III narcotic | <input type="checkbox"/> Schedule V |

If you selected any Drug Schedules above, please provide one of the following for the automated drug delivery system:

- ☐ Current DEA Registration Number _____ Expiration Date _____
☐ The submission date for the pending DEA Registration Application _____

PIC CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I am the pharmacist-in-charge acting on behalf of the applicant, and I hereby accept responsibility for operating in compliance with all state and federal laws, which shall include compliance with the Kansas Pharmacy Act and Kansas Controlled Substances Act.

SIGNATURE

DATE SIGNED